


Engaging Patient Partners in QI/Birth Equity Work

Birth Equity Initiative Monthly Webinar 6 –
April 16, 2024




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

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Agenda

- NPQIC updates
- PREM Implementation check-in
- Equity Exercise w/ special guest
- Engaging Patient Partners in QI/Birth Equity Work
- Guest Presenter: UI Health
- QI Data Corner
- Spotlight: Bryan Medical Center
- Team Talk
- BE next steps

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



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Monthly Webinar Topic Schedule

Title	Month
Engaging Patient Partners in QI/Birth Equity Work	April 2024
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



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NPQIC Updates



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SUD Webinar Series

SAVE THE DATES

MONDAYS FROM 12-1 PM CST

- APRIL 22, 2024
- MAY 6, 2024
- JUNE 10TH, 2024
- AUGUST 12, 2024



ATTEND ALL 4 WEBINARS FOR A CHANCE TO WIN A **FREE** REGISTRATION TO THE NPQIC SUMMIT ON SEPTEMBER 27, 2024!



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2024 Annual NPQIC Summit



- Mark your calendars for Friday, September 27, 2024!!
- Venue: The beautiful Kimpton Cottonwood Hotel Omaha
 - 302 S. 36th St. Omaha, NE
- High caliber speakers addressing timely topics in perinatal QI



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UNMC/Children's DEI Conference

- Virtual option!
- CEUs offered for Grand Rounds portion
- [Click here to register!](#)



DEI CONFERENCE

DEPARTMENT OF PEDIATRICS
ANTIRACISM COMMITTEE



*Addressing Disparities in
Maternal Child Healthcare
and Outcomes*

APRIL 19th
8 AM - 12:30 PM

Glow Auditorium, Children's Nebraska
[Register here.](#)



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How are we doing??

- This is our PDSA!
- Please take a few minutes to complete this survey before the end of April.
- Help us understand what we're doing well and what we can improve to support your Birth Equity implementation.



[Birth Equity 6 Month Evaluation](#)



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Upcoming Birth Equity Awards Criteria

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



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Equitable & Respectful Care Check-In



POLL

- Has your team gotten all providers, nurses, and staff to sign off the Respectful Care commitments?
- Has your team developed a process for introducing the Respectful Care commitments with patients upon admission?
- Has your team identified which staff members will introduce the PREM survey before discharge?



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Implementation of Respectful Care Practices Requires Buy-In



- Think: How are we engaging our clinical team members in active implementation of Respectful Care Practices?
 - Need buy-in from all clinical team members and staff
 - Understand importance of Birth Equity work
 - Understand how to actively implement Respectful Care Practices with all patients
 - Engage patients with Respectful Care Practices and ask all patients to complete PREM survey before discharge



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Equity Exercise

Guest Speaker: Kendra Bryant, Children Services Coordinator
Voices of Hope- Lincoln, NE



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Scenario 1

- Patient shows up to her 6 week postpartum appointment with her male partner and newborn baby. When she is called back for her appointment, her partner joins her and you notice that she appears very timid and has on a hoodie despite it being very warm outside. You also notice that her eyes appear red/swollen and her body language appears uncomfortable.
- What should a clinical team member do in this situation?



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Scenario 2

- A client of Middle Eastern descent is brought to the ER by the police after being physically attacked and sexually assaulted by an acquaintance who recently immigrated from Afghanistan. She fought off her attacker and ran to the gas station for help and the police were called. She is 32 weeks pregnant and experiencing a lot of vaginal pain. She speaks very broken English and she refuses an interpreter. She uses Google Translate on her phone to ask if you can give her an IV so that when her husband comes to pick her up she can say she needed medical attention due to a fall that was caused by dehydration.
- What are the cultural components to be aware of?
- How would you handle this situation?



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Scenario 3

- During a medical appointment you ask a patient if she feels safe at home and she replies “physically safe, yes.”
- How would you respond to this?



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Local Resources for Intimate Partner Violence

- In Lincoln:
 - Voices of Hope- Domestic Violence Advocacy Center
 - 24 hour crisis line (402) 475-2110
 - Friendship Home- Shelter
 - (402) 437-9302
 - Lincoln Police Department Victim Assistance
 - (402) 441-7181
 - I've Got a Name- Human Trafficking
 - <https://ivegotaname.org/>
ivegotaname.org
- In Omaha:
 - Women's Center for Advancement
 - (402) 345-7273
 - National Domestic Violence Hotline
 - (800) 799-7233

Kendra Bryant:
Kendra@voicesofhopelincn.org



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Engaging Patient Partners in QI/Birth Equity Work



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Patients/Communities Hold the Keys



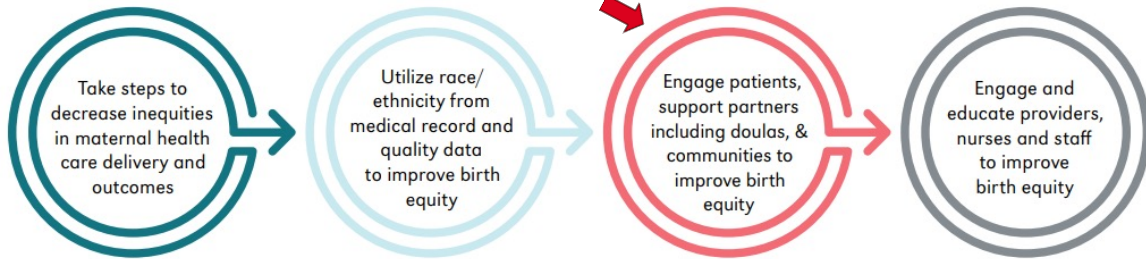
"There are no solutions or interventions for improved Black maternal health that Black women themselves do not already possess" - Joia Crear-Perry, MD, FACOG



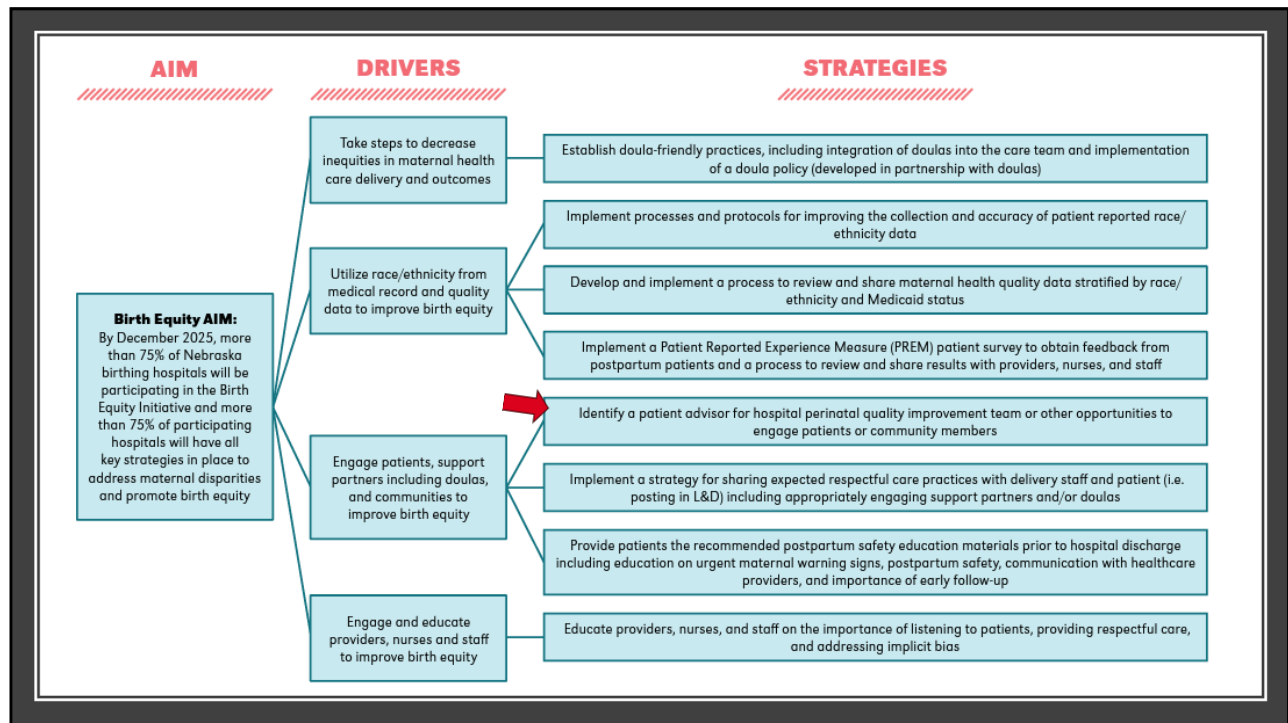
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Key Drivers

Key Drivers to Promote Birth Equity



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Why is it important to engage patients and community members?

- Collaboration 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's 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



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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



Jim Conway, Bev Johnson, Susan Edgman-Levitan, Juliette Schlucter, Dan Ford, Pat Sodomka, & Laurel Simmons



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Benefits of Patient/Community Engagement

- Patients and community lived experience can help you see problems from patient's perspective
- Opportunity to get timely feedback on care experiences before seeing it in other data sources
- Help interpret your QI data through storytelling
- Diverse groups develop solutions faster



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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



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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).



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Recruiting and Engaging Patient Partners



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Tips for Recruiting Patients and Families to Serve in Advisory Roles

- Invite current or recent NICU parents
- Ask providers to identify patients and families
- Contact patient or family networks, support groups, or community orgs
- Post brochures/posters in appropriate languages on bulletin boards in public spaces or electronic versions in kiosks/ hospital tv channels
- Include info about opportunities for patients and families to participate as advisors with the clinic's or hospital's patient experience surveys



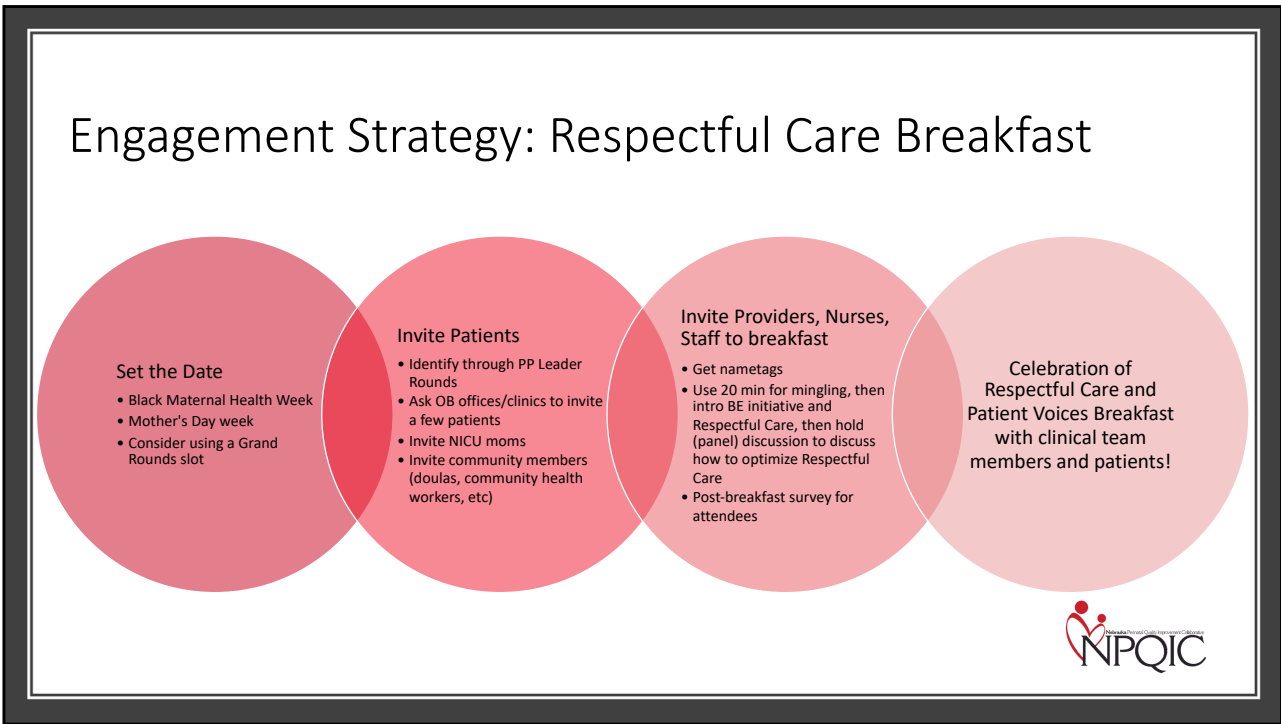
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Finding Diverse Patient Partners

- Creating a diverse group that looks like the patients served by the healthcare system is key to hearing perspectives that makes health better for all:
 - Engage community centers that serve racial/ethnic and cultural groups
 - Get to know community leaders
 - Ask local artists to help create Patient Partner materials in the language and culture of the community
 - Go to community meetings to develop relationships
 - Talk about patient partner opportunities at community events
 - Create a separate patient advisory group if you have large patient populations that do not speak English (e.g. Bayview at Johns Hopkins University and Children's Mercy in KC have Latino PFABs)



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A Celebration of Respectful Care

NPQIC Respectful Care Breakfast Strategy

Steps to Planning your Respectful Care Breakfast	Set the Date
<ol style="list-style-type: none"> 1. Set the Date 2. Invite patients, community members, doctors, nurses & staff 3. Order coffee & breakfast treats 4. Host a Panel Discussion 5. Celebrate Together! 	<p>Black Maternal Health Week (April 11-17) or Mother's Day week are great ideas, but you can do it anytime</p> <p>Consider holding a Respectful Care Breakfast in place of a Grand Rounds slot</p>
Inviting Patients, Community Members, and Clinical Staff	Host a Panel Discussion
<p>Patients: Invite NICU moms, engage outpatient clinics or PP support groups</p> <p>Community Members: doulas, CHWs, local health department, WIC office</p> <p>Clinical Staff: OB providers, nurses, midwives, staff, and social workers</p>	<p>Invite 3-5 patients/community members to share their perspectives, experiences, and recommendations to promote Respectful Care</p> <p>Identify a Panel Moderator to lead discussion</p>
Sample Agenda	Celebrate Together
<p>20 min: coffee/breakfast and mingling</p> <p>10 min: Welcome/intro to BE initiative</p> <p>30 min: Patient and Community Panel Discussion: How do we optimize Respectful Care?</p>	<p>Celebrate respectful care and patient voices with clinical team members and patients and enjoy breakfast and discussion together!</p>
<p>Respectful Care Breakfast Feedback Survey</p> <p>Remember to create a brief survey and ask all participants to complete it at the end of the event to measure the effectiveness of your event.</p>	

Respectful Care Breakfast Planning Resource

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Post-Event Survey

- If you utilize a Respectful Care Breakfast or some other form of in-person gathering, don't forget to survey the participants!
- Key tool in evaluating the effectiveness and acceptability of this strategy for clinical team and community members/patient partners
- If you would like sample survey questions, reach out to NPQIC



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Implementing Your Plan



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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 \(click link\)](#)



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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	



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Our Goal for Patient Engagement




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NPQIC's Goal for Patient Engagement

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

<p>Ask doulas or lactation counselors, midwives/docs to consider patients to invite or ask NICU moms</p>	<p>Celebrate and talk about Respectful Care and strategies to increase Respectful Care Practices (how can we improve shared decision making, active listening...)</p>	<p>If you are gathering in person, make sure to also invite OB providers/nurses to attend and use name tags!</p>
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Every team to engage a Patient Partner to work with their QI team by 9/27/24

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Patient Engagement Leader Recognition at Annual Conference

You will be recognized as a Patient Engagement Leader if:

You employed a strategy for identifying patient partners

You have identified a patient partner for your QI team



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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 10 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)

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Then...

1. Invite your patient partner to NPQIC Annual Summit, 9/27/24
2. Plan to sponsor the Summit fee for your patient partner as part of your team
3. All patient partners at Annual Summit will be recognized



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Resources



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5 STEPS TO ENGAGING A PATIENT PARTNER

NPQIC is expanding resources for engaging patients, families, & communities

Identify your patient partner
Through Respectful Care Breakfasts, community health fairs, postpartum support groups, NICU moms, etc. Ask for input from OB providers/doulas/social workers as well!

Connect with NPQIC
Let NPQIC know the name and contact information of your patient partner! Email: kara.foster@unmc.edu

Onboard your Patient Partner
Review goals of working together, plan for compensation/support

Support your Patient Partner
NPQIC is offering a FREE Momma's Voices Patient Family Partner (PFP) Training for the first 20 patient partners identified! (\$450 value)

Engage your patient partner
Plan to meet with your patient partner monthly or quarterly to check-in and engage them in projects to improve respectful care and shared decision making

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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 physicians, 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

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Guest Presenter:
Tiana Dunlap, University of Illinois Health
(UI Health) BE team

Contact: tianad@uic.edu



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QI Data Corner



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Birth Equity Structure Measures

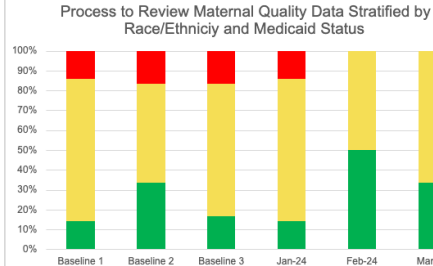
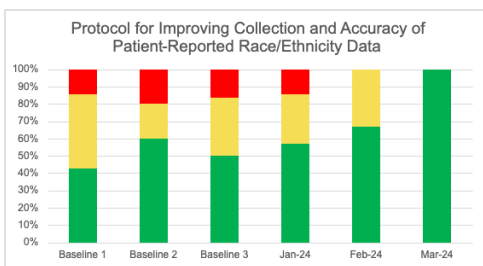
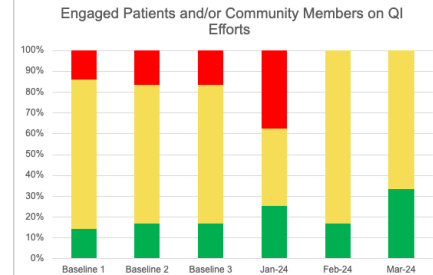
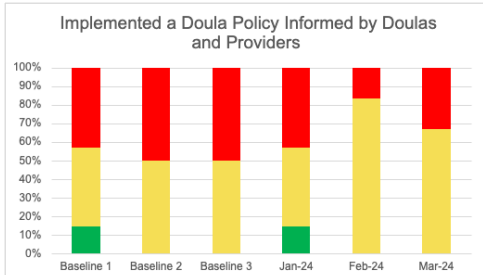
Structure Measures	
% of facilities that have implemented a doula policy which was informed by doulas and providers	% of facilities that have a standardized system to provide all patients the recommended postpartum patient education materials prior to hospital discharge including education on urgent maternal warning signs postpartum safety and tools to improve communication between patients and their healthcare providers
% of facilities that have engaged patients and/or community members to provide input on quality improvement efforts	
% of facilities that have adopted the principles of a doula-friendly hospital	
% of facilities that have implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data	% of facilities that have developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status
% of facilities that have implemented a Patient Reported Experience Measure (PREM) survey to obtain feedback from postpartum patients and a process to review and share results	% of facilities that have a strategy for sharing expected respectful care practices with delivery/postpartum staff and patients (i.e. posting in L&D rooms) including appropriately engaging support partners and/or doulas



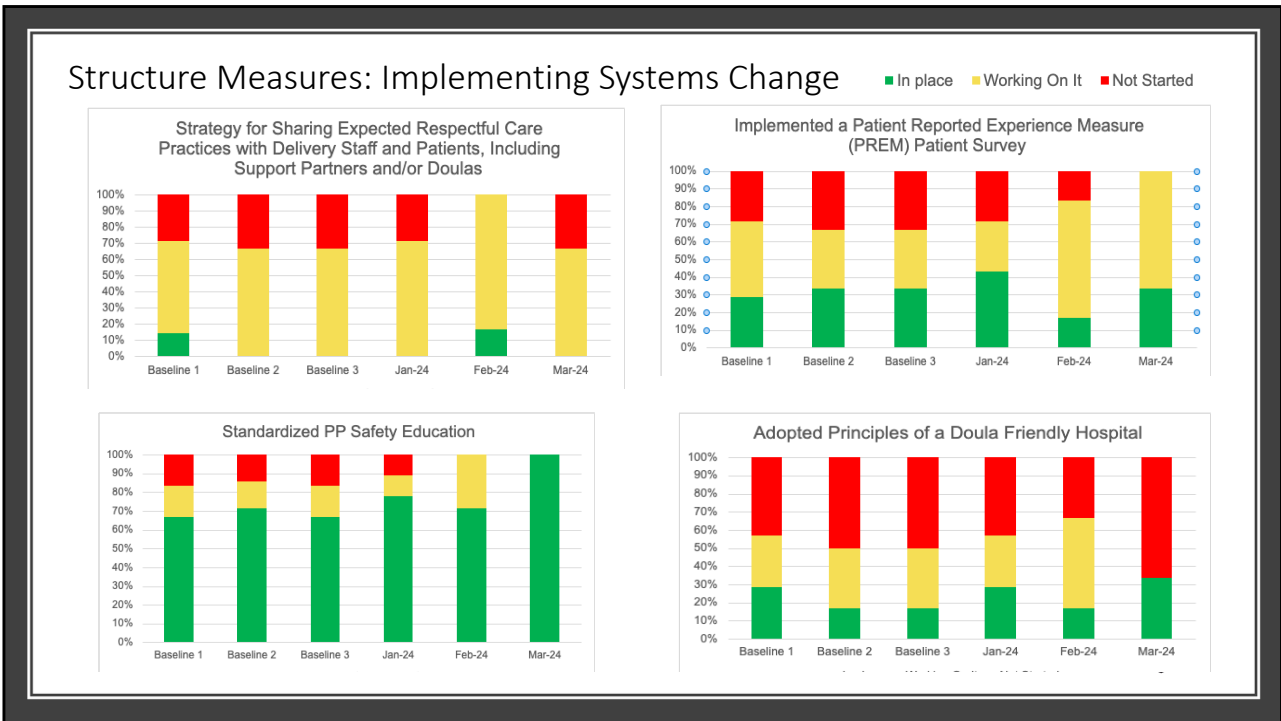
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Structure Measures: Implementing Systems Change

■ In place ■ Working On It ■ Not Started




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BE Hospital Team Data Submission (8 teams total)

Month	# of Teams Reporting
Baseline 1	7
Baseline 2	7
Baseline 3	6
January	6
February	6
March	2



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Dashboard launching soon!

- Still under construction
- Data visualizations for monthly data as well as PREM results
- See your own hospital's data and compare to aggregate
- Use reports to drive QI and build buy-in/momentum internally

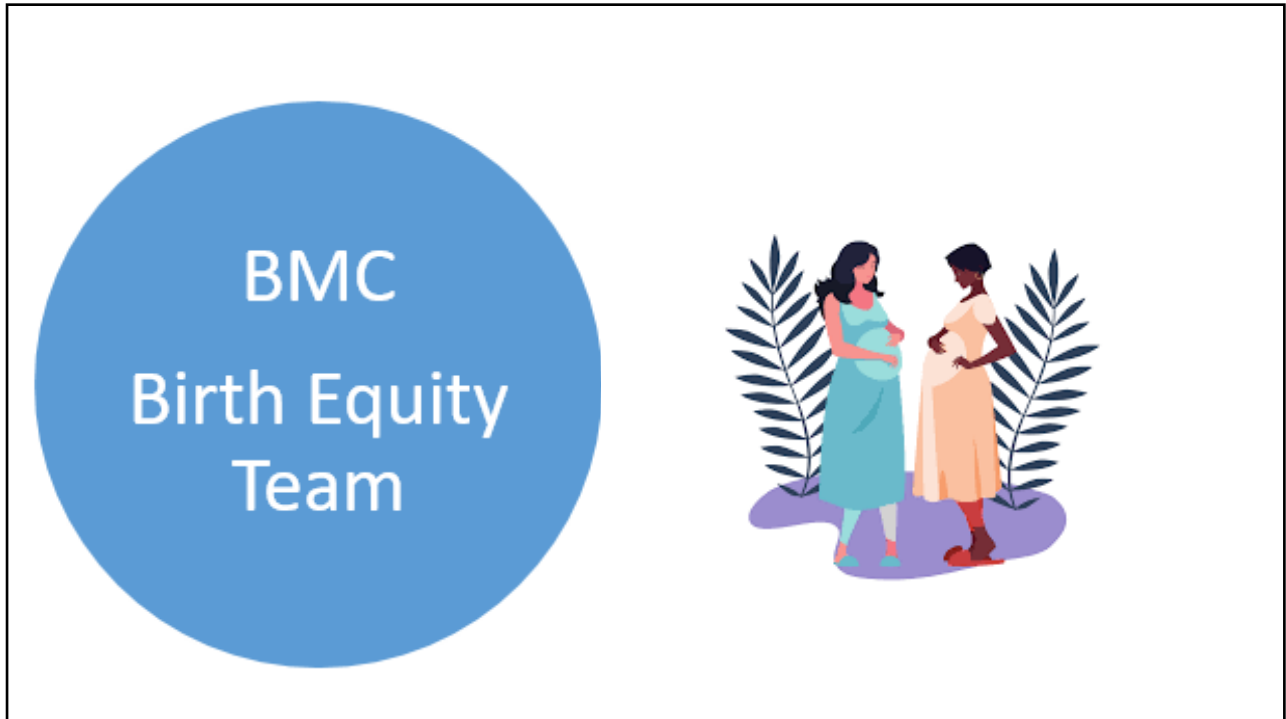


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BE Team Spotlight: Bryan Medical Center



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BMC
Birth Equity
Team

**Kick Off 12/19 with monthly
Hybrid zoom/in person meetings**

MFM Dr. Ben Byers	Director Alexa Lewis	Coordinator Marisa Schaffer	Perinatal Quality Samantha Kenning
BWCP Manager Adrienne Clark	HIM Robin Poole	Continuous Improvement Genna Lehr	Advancement Marissa Damanhoury
Social Work Karina Adame	Epic Analyst Wendy Tran / Dylan Bryant	OBGYN Dr. Emily Neri	Midwife Jill Dolberg
Community Partner Jillian Boldt	Patient Representative Nyaduoth Gatkek	Anesthesia Dr. Matt Edwards	Pediatric & WC Division Chair Dr. Craig Sitzman
LD Manager Rachel Romshek	MB Manager Danielle Wilkinson	NICU Interim Manager Kim Dierks	NNP Lead Amy Termaat
Ad Hoc Pastoral Care Barry Metzger / Renee Meyer	Ad Hoc Legal Allison Kitzke	Pediatric manager Kim Dierks	<i>Ad hoc items to NICU FC</i>

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Communal Agreement



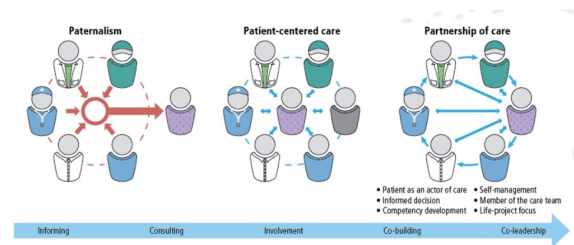
- Confidential space
- Call for humility
- Assume good intentions
- Be respectful and kind
- Question assumptions

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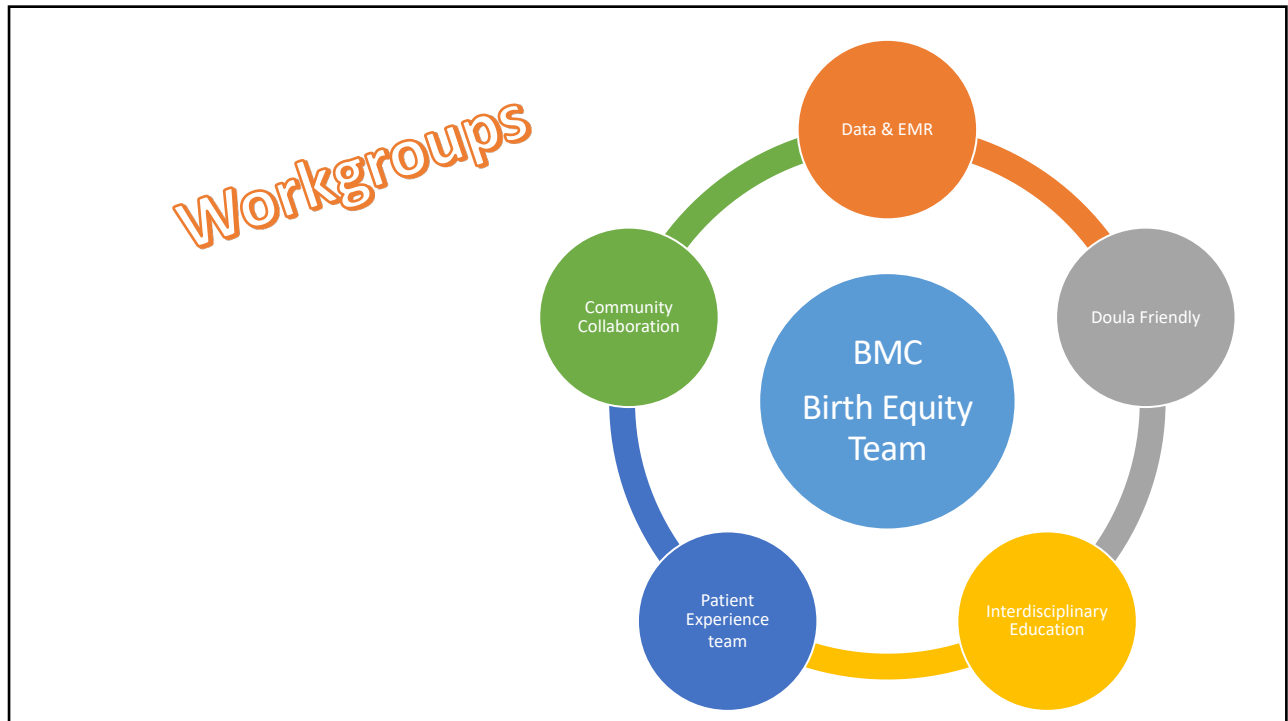
Grounding moments



- **December:** Overview of BE why and goals
- **January:** 'I don't see race' and TED talk on privilege
- **February:** IAT implicit bias insights, review of IAT data, review of NPQIC Jan webinar slide
- **March:** Insights from Aftershock documentary, patient centered care vs. partnership of care, history/legacy of racism
- **April:** Birthing justice preview, BMC equity video, CDC data and 4 steps to address racism resources, Allyship review



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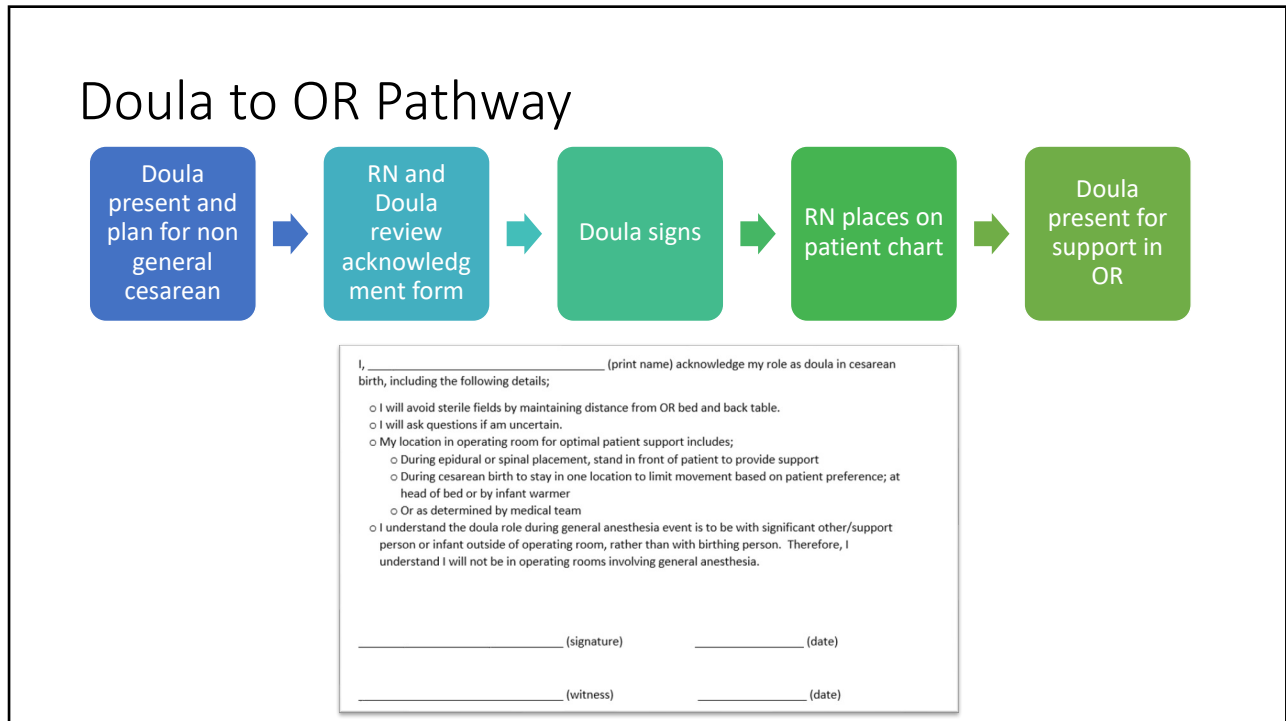


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2023- Current

Data & EMR	Doula Friendly
<p>Increase documentation of race by end of 2024 in collaboration with birth clerks and registrars</p> <p>PDSA <i>Maternal 96 to 99%</i> <i>Newborn 85 to 99%</i></p> <p>Stratify data by race, ethnicity, language, Medicaid status to identify disparities <i>Overall, Preterm births, HTN, NTSV, SMM</i> <i>Maternal Equity Dashboard</i></p> <p>Added doula fields for PP doula (had labor doula in delivery doc)</p> <p>Review 20 charts / month for redcap entry</p>	<p>Draft procedure (Aug 2023) and doula lunch for insight</p> <p>Add PP Doula fields to EMR</p> <p>2024 ANE, Doula and Nursing work group on barriers of doula presence in OR and pathway to mitigate barriers</p> <p>Define High Risk CS for which unable to attend (General Anes)</p> <p>May go live of presence in OR!</p>

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Interdisciplinary Education

Launched commitments (RN, PCT, CST, birth clerk, LC, RT, OT, SW and **BPN clinic**) via LMS

Imbedded bias and respectful care in to onboarding competencies (along with commitment in LMS)

Created provider commitment + bias awareness via google doc in collaboration with CHI St E. **Delivering/Pedi/ANE/NEO**

Launched bias self assessment tool for steering team

Workgroup members r reviewed ACOG, Diversity Science, SpeakUp trainings

WC Staff (non providers) education;

2022 imbed DEI in to simulations patients

Sept 2023 Implicit bias and Health equity in competency day skits

Spring 2024 Trauma informed care awareness and applying in patient care

Q2 2024 Listening to patients, resp care and bias with in LMS

April 13 Malone Birthing Justice Film viewing support and promote (optional attend)

2023- Current Patient Experience

4/1 PREM Launch **PDSA** on MB for English and Spanish.

22 responses in week 1 (30% of discharges)

April LD launch respectful practices during admission with birth preference tools (future slides) **PDSA**

Increase language availability: Patient education, consents, interpreter services

Community Collaboration

- Gathering the patient and community partner voice. *Stories are the change.*
 - Community Invite to take part in BMC BE Initiative including but not limited to Malone center, Doulas of Lincoln, El Centro, Asian community and Cultural Center, LFS, CFS, Etc.
- PREM
- NICU FC Launched March
- Trial new form for debrief process for staff/provider **PDSA**

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PREM survey form

(English and Spanish)

Tell Us About Your Birthing Experience

The purpose of this Patient Reported Experience Measure (PREM) Survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

- Your survey responses will be anonymous (your name is not linked to your answers) and the survey should only take a few minutes to complete.
- Use this Survey Access Code or scan the QR code below to complete the PREM Survey, currently available in English and Spanish.
- Please complete the survey before you discharge. Let your nurse know when it is complete or if you have any issues. If you do not have a phone or other device available to take this survey, let your nurse know.

Option 1:
Enter the Survey Access Code

Start the survey by following the steps below.

- Go to: <https://unmcrcdcp.unmc.edu/rcdcp/surveys/>
- Then enter this code: **PAJ7KDYDC**

Option 2:
Scan the QR Code

Alternatively, you may scan the QR code, which should take you directly to the survey in a web browser.



We are committed to providing you safe and respectful care. Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.



Supporting respectful care for all patients: The Nebraska Perinatal Quality Improvement Collaborative (NPOIC) works with patients, physicians, midwives, nurses, hospitals and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality, compassionate, and respectful care.

Form 6037 (12/23)



Respectful Care *in action* with Birth Preference Tool

Promoting Safe and Respectful Maternity Care for All Patients

Our Commitment to You

What does it mean to give and receive respectful care during labor and delivery?

Maternal care teams throughout Nebraska are coming together to address inequities in health care, and to improve birth experiences for all patients.

We are committed to providing you safe and respectful care. Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.

We believe that respectful care is an essential component of what it takes for all patients

If at any time we fall short of our promise, please contact the Patient Liaison at 402-481-3195.



unmcrcdcp

Here are our respectful care commitments to every patient

1. Treating you with dignity and respect throughout your experience

2. Understanding questions and not being on your case from 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 care, and your health history so we can tailor care to you during 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. Practicing "active listening" - listening that you, and your support persons are heard

7. Meeting personal identities and respecting your dignity and modesty at all times, including identifying preferences before entering a room or touching you

8. Recognizing your prior experiences with health care may affect how you feel during your birth, we will strive to do our best to provide safe, equitable and respectful care

9. Making sure you are discharged after delivery with an understanding of postpartum warning signs, when to call with concerns and when to return to your care team

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

11. Protecting your privacy and keeping your medical information confidential

12. Being ready to hear any comments or suggestions that we can improve your care

A Unique Labor & Delivery Experience for You at Bryan

It's never too soon to start planning for your baby's birth

Bryan Family Birthplace has many options to help you welcome your little one to the world. Whether you prefer a natural birth, pain medications or other methods to help during labor, we have you covered. Learning your options early in your pregnancy through the use of this tool, childbirth classes, tours and talking to your doctor will help you decide what is best for you.

What are my options?

- Low intervention delivery
- Pain medication options for delivery
- Comfort items during labor
- Birth environment
- Support person
- Monitoring you and your baby
- And more

A low-intervention birth means as little interference with the birth process as possible.

- Carrying a single baby
- Ordering a first baby between 37 weeks and 42 weeks of your pregnancy
- Have no complex medical conditions
- Have not previously had a cesarean section (c-section)
- Do not require induction for medical reasons

Even for high-risk patients, some low-intervention options may still be available.

My birth preferences

Every person is different. Every birth is different. Print and fill out this form to prepare as much as possible. Discuss your preferences with your provider so you can decide which options are best for you and your baby.

My name: _____ Date: _____

Support person's name(s): _____ Health care provider: _____

Monitoring you and your baby:

- I would like as much monitoring as possible
- I would like the minimum amount of monitoring necessary for my stage of labor and labor progress
- I prefer a monitoring method that allows me to be as mobile as possible

Pain medication options:

- Oral pain medication
- Intravenous pain medication
- None
- I prefer that pain medication only be offered to me at my request



labor:

- We would like to announce the sex of our baby ourselves
- I would like to cut the umbilical cord
- I would like delayed cord clamping for the routine 30 seconds
- I would like delayed cord clamping for the routine 90 seconds
- I would like delayed cord clamping for the routine 180 seconds
- I accept the following routine newborn care:
 - Vitamin K
 - Erythromycin eye ointment
 - Hepatitis B vaccine
 - Immediate skin-to-skin
 - I prefer all newborn care to be done while skin-to-skin
 - I accept routine delayed bathing for the first 12 hours of life
 - I do not wish to bathe my baby until _____
 - I want my baby circumcised
 - I do NOT want my baby circumcised
 - I prefer to room in with my baby and only have them in the nursery when necessary, like for procedures.
 - I feel the urge to push

Delivery and newborn care:

- I would like to announce the sex of our baby ourselves
- I would like to cut the umbilical cord
- I would like delayed cord clamping for the routine 30 seconds
- I would like delayed cord clamping for the routine 90 seconds
- I would like delayed cord clamping for the routine 180 seconds
- I accept the following routine newborn care:
 - Vitamin K
 - Erythromycin eye ointment
 - Hepatitis B vaccine
 - Immediate skin-to-skin
 - I prefer all newborn care to be done while skin-to-skin
 - I accept routine delayed bathing for the first 12 hours of life
 - I do not wish to bathe my baby until _____
 - I want my baby circumcised
 - I do NOT want my baby circumcised
 - I prefer to room in with my baby and only have them in the nursery when necessary, like for procedures.
 - I feel the urge to push

Cesarean Delivery (c-section):

- I would like to announce the sex of our baby ourselves
- I would like to cut the umbilical cord
- I would like delayed cord clamping for the routine 30 seconds
- I would like delayed cord clamping for the routine 90 seconds
- I would like delayed cord clamping for the routine 180 seconds
- I accept the following routine newborn care:
 - Vitamin K
 - Erythromycin eye ointment
 - Hepatitis B vaccine
 - Immediate skin-to-skin
 - I prefer all newborn care to be done while skin-to-skin
 - I accept routine delayed bathing for the first 12 hours of life
 - I do not wish to bathe my baby until _____
 - I want my baby circumcised
 - I do NOT want my baby circumcised
 - I prefer to room in with my baby and only have them in the nursery when necessary, like for procedures.
 - I feel the urge to push

Newborn feeding options:

- I am planning to exclusively breastfeed my baby
- I am planning to feed my baby with pumped breastmilk
- I am planning on feeding my baby with formula only
- I am planning on using both formula and breastmilk to feed my baby

Other important notes:

Community Contacts sent invitation to participate

- Asian Community & Cultural Center
- Baby & Me
- Black African Family
- CASA for Lancaster County
- Catholic Social Services of Southern Nebraska
- Center for People in Need
- City Impact
- Community Action Partnership - K Street Headstart
- Cristo Rey Parish
- Cultural Centers of Lincoln
- ECHO Collective
- Educare Lincoln
- El Centro de las Américas
- Good Neighbor Community Center
- Healing Roots
- Indian Center Inc.
- Karen Society of Nebraska
- Las Voces Nebraska
- Lincoln Chinese Cultural Association
- Lincoln Commission of Human Rights
- Lincoln Literacy
- Lutheran Family Services
- Malone Center
- Midwestern African Museum of Art (MAMA)
- Morningstar Counseling
- NE DHHS - Children & Family Services
- NE DHHS - Office of Health Disparities and Health Equity

- Nebraska Commission for the Blind and Visually Impaired
- Nebraska Commission on African American Affairs
- Nebraska Commission on Indian Affairs
- Nebraska Commission on Latino Americans
- Nebraska Extension - Nutrition & Health Sciences
- Nuer Community Development Services in U.S.A.
- Our Dream Achievers / Art & Science Program
- Ponca Health Services - Lincoln Health and Wellness Center
- Republic of South Sudan (ROSS) Leaders
- Roots to Rise
- Sangre Azteca - Proyecto Cultural
- Sarah's Southern Comfort Foods
- Society of Care
- UNL Minority Health Disparities Initiative
- UNL Minority Health Disparities Initiative (Rural Drug Addiction Research Center)
- UNL-Lancaster County Extension
- Yazidi Cultural Center
- YMCA of Lincoln, Northeast Branch - Lefler
- Community Learning Center
- YWCA Lincoln

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Future goals

Data & EMR	Doula Friendly	Interdisciplinary Education	Patient Experience	Community Collaboration
Continue Stratify data to identify disparities Continue Review 20 charts / month for redcap entry Awaiting doula report on elements for redcap	<ul style="list-style-type: none"> • April Educate staff and providers on doula procedure/ acknowledgement form • April doula – BMC lunch • Continue lunches with doula community to foster collaborative relationship • Sustainment of doula friendly in practice 	<ul style="list-style-type: none"> • Complete commitments • Promote bias self assessment tool to all staff • Continue education for providers and staff on: <ul style="list-style-type: none"> • 8/9 conference on these elements • Continue in quarterly trainings for staff • Discussion of bias in prebrief of sims 	Continued PDSA PREM and Birthing Choices Tool (Resp care on Admit) <i>Improve/Standardize</i> patient education on postpartum early warning signs including tools /verbiage (Yomingo, wallet cards, magnets, etc). Explore utilizing teach back methods to verify patient understanding. PDSA	<ul style="list-style-type: none"> • Continue to gather the patient and community partner voice. <ul style="list-style-type: none"> • 1:1 meetings • Summer community meeting • Continue PDSA formal debrief process with <u>patient</u>, staff and providers • Interest and collaboration of other Bryan Health facilities in this work

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Need Help? Partner with Students!

- Baseline data and assess R/E method of teaching
- Exploring Maternal Early Warning Signs tools and methods current state
- Debriefing baseline data related to staff stress and anxiety
 - Future growth of patient debrief elements


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Team Talk




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BE Next Steps



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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	

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Birth Equity Timeline- Next 3 months

April	May	June
<p>Monthly Webinar: Engaging Patient & Community Partners April 16, 12-1pm</p> <p>Office Hours April 19, 12-1pm</p> <p>April Data due by May 15</p>	<p>Monthly Webinar: Integrating Doulas Into the Care Team May 21, 12-1pm</p> <p>Office Hours May 17, 12-1pm</p> <p>May Data Due by June 15</p> <p>Schedule June Coaching Calls</p>	<p>Monthly Webinar: Postpartum Safety Education June 13, 12-2pm (NEW DATE)</p> <p>Office Hours <i>No office hours in June!</i></p> <p>June Data Due by July 15</p>

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BY NEXT TUESDAY

- Drop in the chat or say out loud one thing your team is committed to accomplishing by next Tuesday.
- Ideas:
 - Invite additional team members
 - Equity Exercise
 - Draft a press release
 - Schedule Grand Rounds
 - Engage patient/doula partners
 - Get your data entries up to date
 - PDSA or 30/60/90 day plan



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Please complete this survey!

- Takes less than 3 minutes to complete!

[Birth Equity 6 Month Evaluation](#)

