

# Optimizing Race & Ethnicity Data Collection

Birth Equity Initiative Monthly Webinar – December 2023



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

# Monthly Webinar topic schedule

Title	Month
Kickoff	November 2023
Optimizing Race/Ethnicity Data Collection	December 2023
Reviewing maternal health quality data stratified by equity variables to identify disparities and address opportunities for improvement	January 2024
Equitable & Respectful Care Principles and PREM	February 2024
Engaging Patient Partners in QI/Birth Equity Work	March 2024
Implementing a comprehensive implicit bias training for provider/nurse education	April 2024

# Agenda

- Equity exercise
- REDCap overview
- Overview of BE data collection strategies
- Data collection methods and equity variables
- Live demo
- Troubleshooting/discussion
- Next steps

# Thank you!!

Equity work can be very challenging.

Thank you for signing on and showing up.

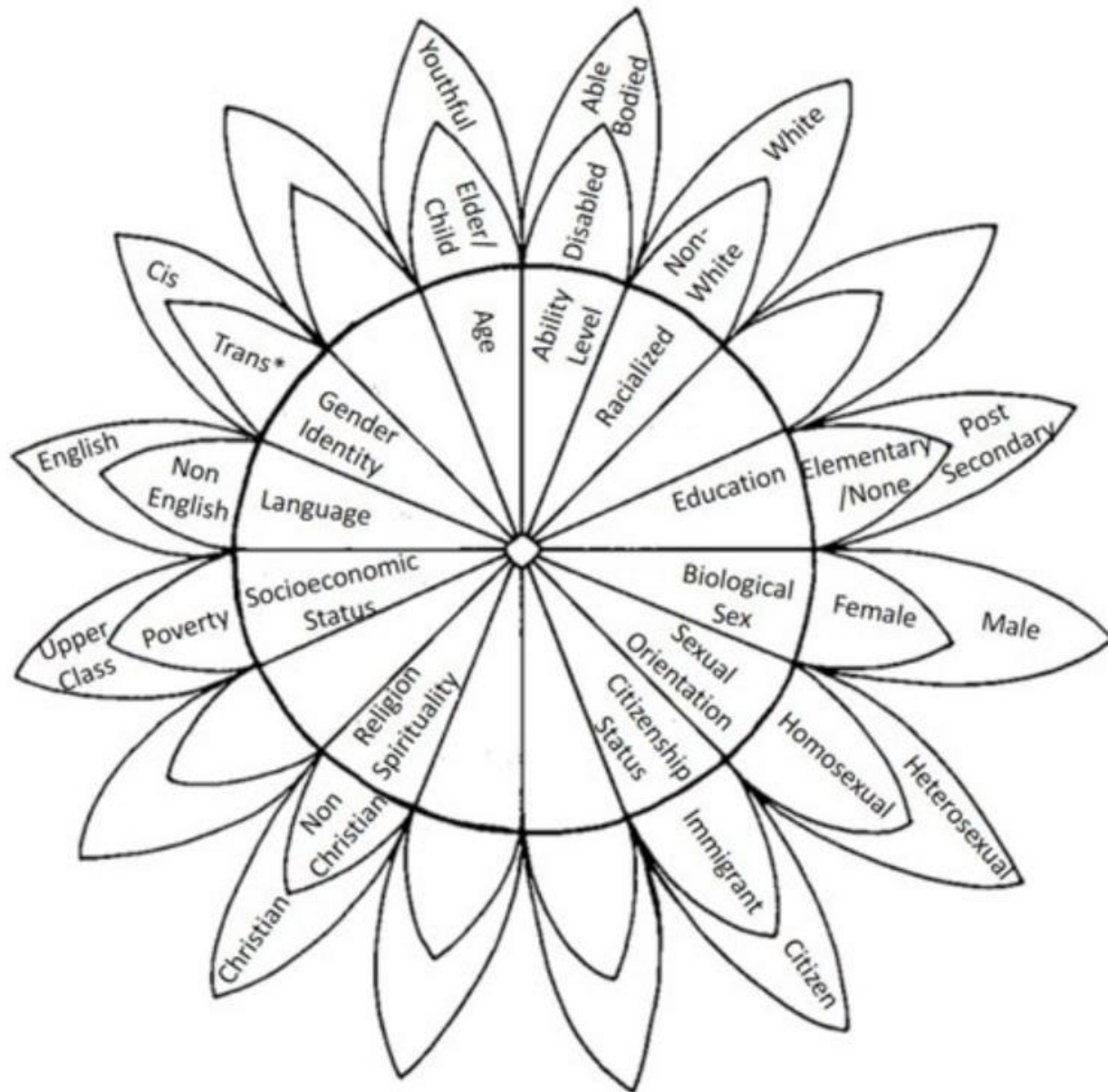
All Readiness Surveys have been completed!

# Equity Exercise

- Why do we do equity exercises?
  - To ground us in this work
  - To do some internal exploration and QI
- As much as possible, be present in this moment
- You will not have to share your personal results
- These types of exercises can bring up all kinds of emotions. Acknowledge them, try to name the feelings, and continue exploring them later as needed.

# Equity Exercise: Power Flower

- Goal of the exercise: reflection of one's own social position, confrontation with one's own (lack of) power and privilege, conceptualizing societal power and socially constructed difference lines, and developing a responsible and constructive approach to your own power and your own privileges.
- The point of the exercise is not to shame or blame anyone, but for us each to see where we hold power as change agents in QI work.



- Freehand draw a flower with 12 petals. Each of those should have an inner and outer petal for a total of 24.
- Shade in the inner or outer petal for each category, based on how you identify.
- If you don't identify with the inner or outer petal, add a third petal.
- Write in a category for the 12th petal if you feel a major piece of your social identity has not been represented

# Power Flower

- The scheme of Power Flower refers to constructed categories and simplifying them doesn't adequately represent the complex reality.
- Nevertheless, the simplification has effect on society and refers to certain distribution of privileges and access to resources.
- It should be recognized that all individuals change their positions, shifting from non-privileged to privileged position and vice versa.
- It's important that we are aware of our position and recognize when we are dealing with structures of oppression (as victims or beneficiaries).
- This awareness makes it possible to develop empathy for others and to act responsibly. The goal isn't to provoke guilt over 'innate' privileges, but to encourage a conscious use of own capabilities and opportunities as well as to call for a positive reinterpretation of power and justice.



# Power Flower exercise

- How did you feel about this exercise?
- In which petals were you secure/insecure?
- How does it feel to be in the inner or outer group?
- Do you feel privileged/non-privileged as shown in the Power Flower?
- Is the affiliation to categories in the petals your own voluntary decision or was this affiliation assigned from 'outside'?
- How/when can we be powerful even in marginalized positions?
- How can you use your power positively? How can you use it to change the power inequality?

# NPQIC Data System

# Quality Improvement Success

- Move data into action
- 3 pillars of support:
  - Collaborative Learning
  - Rapid-response data
  - QI support



# REDCap

- REDCap is NPQIC's secure data entry system
- Rapid-response data
  - Currently working on building a dashboard that will allow us to share back individual hospital data with short turnaround time
  - Dashboard format and reports/tools will help hospitals better use data

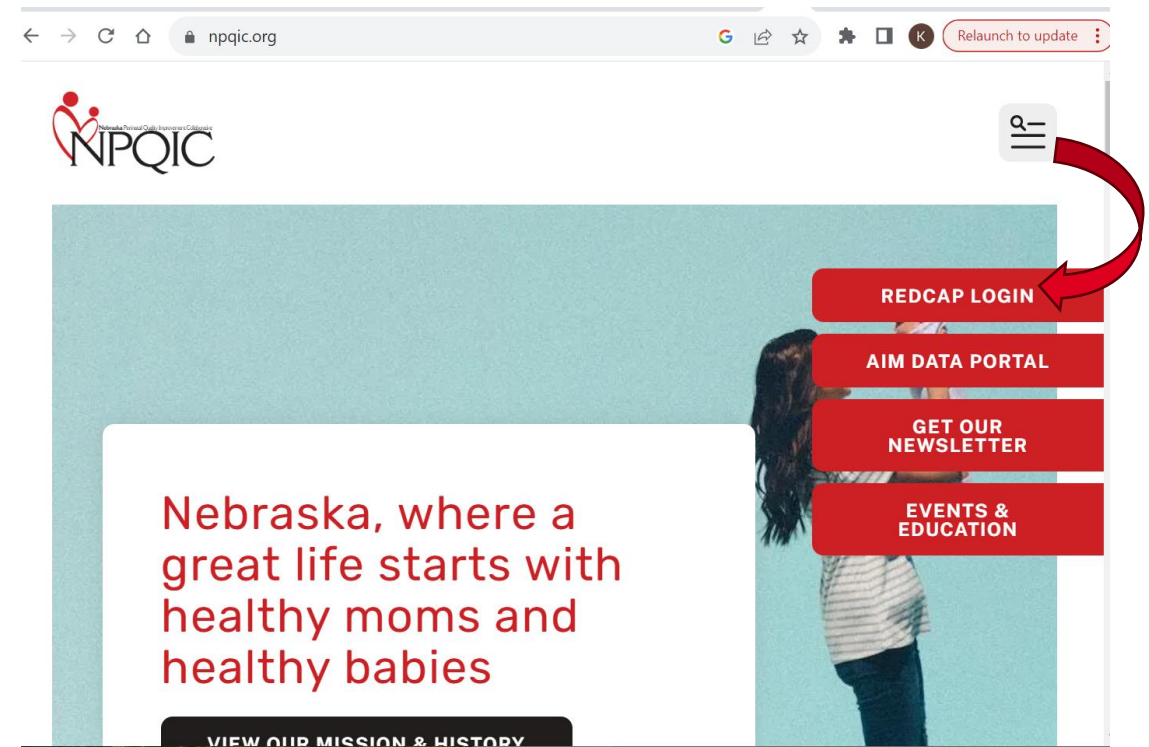


# Your Data is *Your Data*

- NPQIC manages the REDCap site and the dashboard for you, and the data collection is a benefit teams can use to:
  - Share successes within your hospital
  - Review areas that need work, and use the data to motivate others to work toward change
  - Compare your progress over time with aggregate data of all teams participating in the NPQIC BE initiative

# REDCap Access

- Please let us know who from your team will be entering data so we can grant access in REDCap
- Tip: Add <https://redcap.nebraskamed.com/> to your bookmarks on your browser, or access from the NPQIC website.
- Use your username and password to log in. Contact us at NPQIC if you have trouble.



# REDCap Interface

- Once you log in, select Birth Equity Monthly Maternal Data Forms from the My Projects tab at the top



Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. [Read more](#) To review which users still have access to your projects, visit the [User Access Dashboard](#).

Project Title	Records	Fields	Instruments	Type	Status
NPQIC	54	1,130	45 forms		
NPQIC Birth Equity Patient Reported Experience Measure (PREM)	29	44	1 survey		
Birth Equity Monthly Maternal Data Forms	12	80	1 form		



# Birth Equity Data Collection



# 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

# Birth Equity Process & Outcome Measures

## Process Measures

% of patients responding to the PREM survey (Data provided by NPQIC)

% of providers, nurses, and staff completing education on the importance of listening to patients, providing respectful care and addressing implicit bias

## Outcome Measures

% of sample patient charts with self-reported race/ethnicity documented

% of patients completing PREM survey who reported always or often feeling heard on PREM- data provided by NPQIC

% of sample patient charts with documentation of receiving education on urgent maternal warning signs/ postpartum safety and tools to improve communication between patients and their healthcare providers prior to delivery discharge

# How Will We Show Improvement?

- By tracking system changes (Structure Measures)
  - Haven't started | working on it | in place
- By tracking clinical culture change (Process and Outcome Measures)
  - Random sample of 20 delivery records per month to track progress on key strategies
  - Report progress on educating providers, nurses, and staff

# How to Collect Race and Ethnicity Data

More people identify as more than one race now than in the past.

How should we count?

## Our “traditional” way

White	84%
Black or African American	7%
American Indian/Alaska Native	2%
Asian	4%
Native Hawaiian/Pacific Islander	0%
<b>More than one race</b>	<b>3%</b>

Because their numbers are small, we often combine them into a single group.

Three percent translates to 722 annual births in Nebraska to mothers who identify as more than one race. [Who are they?](#)  
[Who should they be grouped with?](#)

Mother's Single Race 6	Single race	More than one race	% increase
White	21,097	663	3%
Black or African American	1,868	396	21%
American Indian/Alaska Native	467	241	51%
Asian	926	175	19%
Native Hawaiian/Pacific Islander	49	29	59%
More than one race	722	-	
Total	25,128	-	

Nebraska births 2016-2022, Averaged  
 Source: CDC Wonder

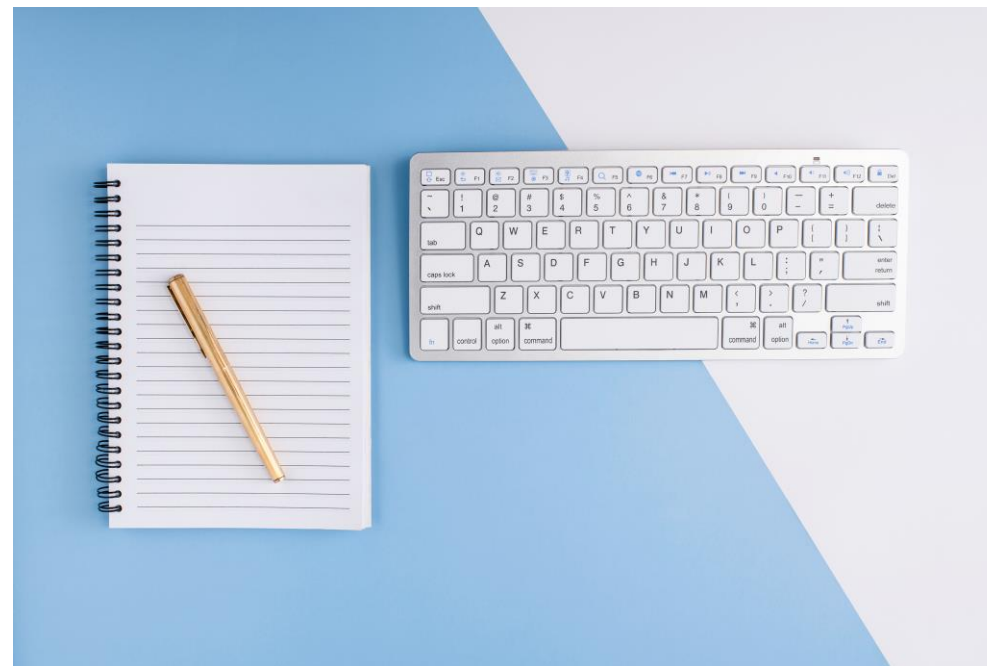
*Note: Because we count the mothers that check two race categories twice (and three, three times, etc.), we **don't add them up** to get the correct total number of births. We use the actual total.*

Mother's Single Race 6	Single race	More than one race	% increase	<b>New total</b>
White	21,097	663	3%	<b>21,760</b>
Black or African American	1,868	396	21%	<b>2,264</b>
American Indian/Alaska Native	467	241	51%	<b>708</b>
Asian	926	175	19%	<b>1,100</b>
Native Hawaiian/Pacific Islander	49	29	59%	<b>77</b>
More than one race	722	-		
<b>Total</b>	<b>25,128</b>	-		<del>25,909</del>

Nebraska births 2016-2022, Averaged  
Source: CDC Wonder

# Monthly Data Form

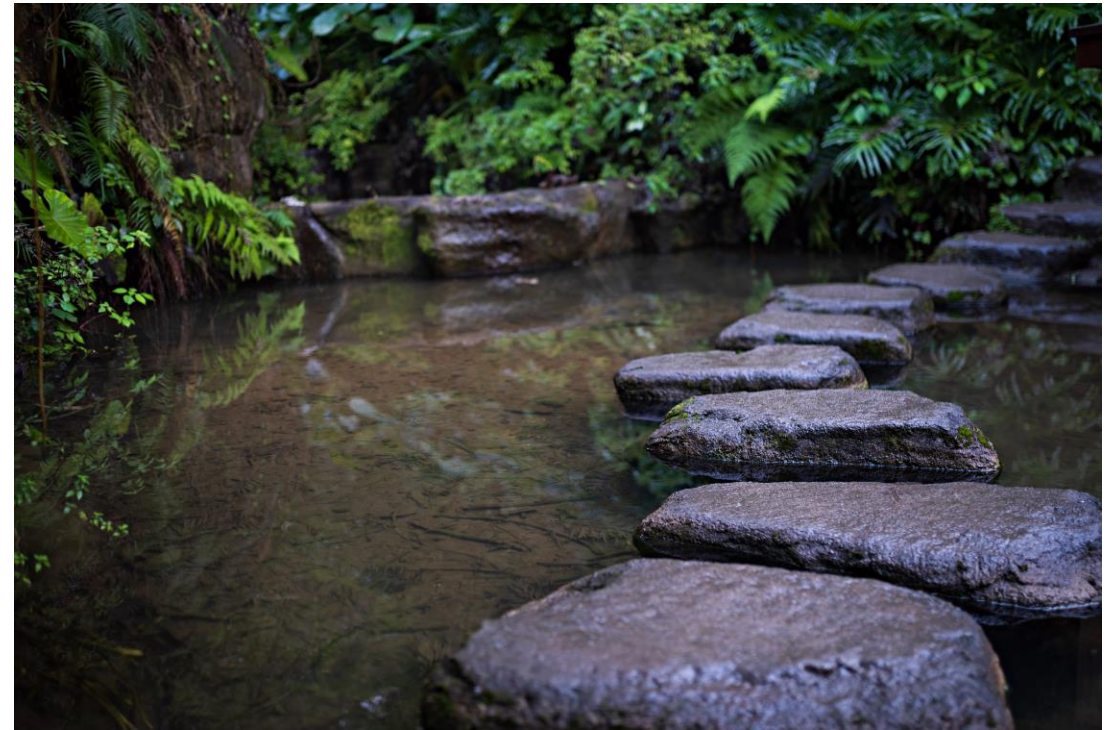
- One form for:
  - Structure measures
  - Process measures
  - Outcome measures
- Complete your chart audits and compile into a spreadsheet
- Then enter into REDCap in aggregate form





# Live Demo

- Let's walk through the data entry form in REDCap together
- Once logged in, select the project and then "record status dashboard" on the left side of the page
- Click "add new record"



# Monthly Data Form

**Birth Equity Monthly Maternal Data Forms** PID 6847

Actions: [Download PDF of instrument\(s\)](#) [Video: Basic data entry](#)

**Birth Equity Hospital Level Measures**

Assign record to a Data Access Group? -- select a group --

+ Adding new Record ID (system assigned): 10.

<b>Record ID (system assigned):</b>	10
<b>For which month are you reporting?</b>	<input type="text"/>
<b>Total # of Deliveries Discharged for Month:</b>	<input type="text"/>

- Select the correct month and year

# Chart Audit

Goal: 20 records of patients delivered per month



# Sampling Examples

- Example 1: If your hospital has 102 patients delivered in a month, then divide 102 by 20=5.1, so you would select every 5th birth for that month up to 20 charts.
- Example 2: If your hospital has 42 patients delivered in a month, then  $42/20=2.1$ , so you would select every 2nd birth for that month up to 20 charts.
- Example 3: If you have less than 20 deliveries per month, include all of them.

# Avoid common data entry mistakes



- Select the appropriate month and year
- Pay close attention to notes in REDCap regarding patient counts for each measure
- Remember to mark the entry as complete, then save and exit the form!

# When and how often to submit data

## Birth Equity Data

Data collection Form Name	Birth Equity Monthly Maternal Data Form
Data Collection Start	<u>Baseline Q4</u> : Oct-Dec 2023 to REDCap by January 15th <u>Monthly data</u> : January 1st to REDCap by Feb 15th
Data Due Date	Baseline data: January 15th All other data: The 15th of the following month
When/what are we collecting data on?	All deliveries (with and without doula support) by: <ul style="list-style-type: none"><li>• Race and ethnicity</li><li>• Insurance status</li><li>• Preferred language</li><li>• Rural/urban residence</li></ul>

# Next Steps



# Next Steps

1. Schedule regular, at least monthly BE QI team meetings to review your data and make improvement plans and identify PDSA cycles for the coming month
2. Review the BE Monthly Maternal Data Form with your team and discuss strategies for data collection
3. Work with IT and internal teams to make any necessary updates to EMR for data collection
4. Submit baseline data collection (Oct-Dec 2023) by Jan 15th
5. Monthly data collection starting in January, due Feb 15th
6. By this Friday, Dec. 15, let NPQIC know who will be entering your data
7. Starting in Jan, schedule monthly calls with NPQIC



# Outstanding Launch Award



- Awarded to all participating hospitals who complete:
  - Participation Roster
  - Readiness Survey, and
  - Baseline data
    - by January 15th!

# January Webinar

January 16, 2024 at noon

- Review maternal health quality data stratified by race, ethnicity, preferred language, urban/rural residence, and insurance status to identify disparities and address opportunities for improvement
- Review Nebraska MMRC report

# Questions?

